



AMERICAN HEALTH IMAGING, INC.

PATIENT HISTORY - BRAIN/HEAD/NECK

Patient Name:

Robert Pluk

Date:

05, 17, 2013

What is your present complaint or problem?

☒ Pain ☐ Seizure ☐ Stroke ☐ Injury to Head Other Back Injuries

How long have you had this problem?

5 months

Please check all of the following symptoms and conditions you have:

- ☐ Cancer of the brain
- ☐ Confusion
- ☒ Full or partial loss of consciousness
- ☒ Dizziness
- ☐ Amnesia
- ☐ Abnormal involuntary movements
- ☐ Gait problems (difficulty walking)
- ☐ Lack of coordination
- ☒ Temporary numbness in arms or legs
- ☐ Slurred speech
- ☐ Personality changes

- ☐ Encephalitis or Myelitis
- ☐ Paralysis
- ☐ Cerebral palsy (childhood onset)
- ☐ Epilepsy
- ☐ Migraine headaches
- ☐ Facial pain
- ☐ Facial numbness
- ☐ Facial burning or tingling
- ☒ Double vision
- ☐ Ringing in ear(s)
- ☐ Hearing loss

☐ Other (please explain):

Fatigue - loss of strength

☐ Other (please explain):

Have you had surgery on your head? NO If yes, when and why?

Have you ever had a head injury? Yes When? 11/22/2012 Lost consciousness? NO

I certify that the above information represents true and accurate medical information regarding my symptoms and medical conditions.

Signature:

Robert Pluk

Date:

05 17 / 2013